

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF VIRGINIA
OFFICE OF THE CLERK
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Newport News, VA 23606**

**Request for Claims Register, Creditor Matrix, Mailing Labels, Docket Record or
Photocopies (not to exceed five pages)***

Date of Request _____ Name of Requestor _____
Case Name _____ Address _____
Case No. _____
AP No. _____ Telephone No. (____) _____

Check one: **Claims Register** **Creditor Matrix** **Mailing Labels** **Docket Record**
 .50 per page *.50 per page* *\$5.00 per page* *.50 per page*

 Photocopies (not to exceed 5 pages; place paper clips on documents to be copied;
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Make checks payable to **Clerk, U. S. Bankruptcy Court.** Amount Due \$ _____

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* For requests exceeding five pages, please refer to the Color Graphics photocopy request form.